

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554239

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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13		/				
14	2					
15	2					
16	2					
17	2					
18	①					
19	9					
20	/					
21	/					
22	/					
23	/					
24	3					
25	3					
26	①					
27	/					
28	2					
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33	/					
34	/					
35	/					
36	3					
37	①					
38	②					
39	②					
40	①					
41	/					
42	/					
43	/					
44	2					
45	/					
46	/					
47	①					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						